# ERIE COUNTY DEPARTMENTS OF PUBLIC WORKS AND EMERGENCY SERVICES

## **BUILDING INSPECTION FORM**

Name of Building:	
Address:	
Inspection By (Name and Signature):	
Inspection Date:	
Telephone Number:	Contact Name:
FROM A WALK THROUGH OF THE BU	UILDING:
Are there any leaks? YES	NO
Are any deflections evident? YES	S NO
FROM THE ROOF:	
Type of Roof deck: Concrete	Metal
How many different levels:	
Are there parapet walls around the roof:	
Are there any sky lights?	YES NO
Are there mechanical units on the roof?	YES NO
Are the roof mechanicals clear? (If "NO", they must be cleared)	YES NO
Are there any exhaust vents on the roof?	YES NO
Are the roof exhaust vents clear? (If "NO", they must be cleared)	YES NO
What is the depth of snow:	
What is the snow drift donth:	

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FROM THE EXTERIOR EXAMINATION			
Are there any icicles hanging? (If "YES", all icicles are to be removed)	YES	NO	
Are there any fresh cracks in the exterior masonry walls?	YES	NO	
Are the Emergency Exits clear for egress?	YES	NO NO	
INSTRUCTIONS			
This form is intended to help assess buildings under your jurisdiction. This form must be completed, submitted to the Emergency Operations Center (EOC) prior to authorization of the facility being opened. If you have a form or process of your own which has been completed already, please attach that form to this one and forward to the EOC for authorization to open.			
After the facility is opened, continue to look for leak required.	s and perform nece	essary inspection as	
If snow removal is required, it is recommended to have a roofing manufacturer representative present so as not to void any warrantee.			
Snow removal on roofs is recommended to be accomplished	ed using a plastic sho	ovel.	
If ice has developed in masonry cracks, special attention r	needs to be given to	avoid leaks.	

#### **DISCLAIMER**

This form and instructions are intended to be an aid in assessing the snow loads and potential problems with facilities. It is not intended to be a replacement for an evaluation by a licensed professional.